	D.4.T	FAIT		1		•							
	PATENT APPLICATION - EE DETERMINATION F Effective December 8, 2004							CORD		Applic:	ation or Dock	el Numbe	r C
		CLAIMS AS FILED - PART I							ENTITY	$\mu_{f}$	OTH	ER THAN	<u>_</u>
ł	I S NATION	AL CTACE FOR		olumn 1)	, -	(Column 2)		TYPE		) (		LL ENTIT	
U.S. NATIONAL STAGE FEES				-				RATE	FE	E	RATE	FE	E
H	SASIC FEE			SMALL ENT. =\$ 150		LARGE ENT. = \$ 300		BASIC FEE		7	OR BASIC FEE		A
F	XAMINATION	FEE	(4) = :	Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100		other situations = \$ 100 / \$ 200		EXAM FEE		7	EXAM FEE	100	Y
SEARCH FEE			ALL other	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500		SEARCH FE	E	+	SEARCH FE	-10/	7
F	EE FOR EXTR	A SPEC. PGS.	n	minus 100 =		/50 =	1	X \$ 125 :		$\dashv$	V 6 050	170	<u> </u>
TOTAL CHARGEABLE CLAIMS			4/	4 /minus 20 = .		21		X \$ 25 =		OR	X \$ 250 =	1117	$\forall$
INDEPENDENT CLAIMS			12	2 minus 3 = .			1	X \$ 100 =				- <i>WJ</i>	
		NDENT CLAIM PR						+ \$ 180 =					_
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	ı	TOTAL	<del> </del>		- + + + + + + + + + + + + + + + + + + +	100	7
	alasi	CLAIMS AS	AMENDE	D 0457			<b></b>	<b>」</b> 。		143	4		
	420/05	(Column 1)		(Column		(Column 3)		SMALL	ENTITY	OF		R THAN ENTITY	
AMENDMENT A	1	CLAIMS REMAINING		HIGHE: NUMBE	ER	PRESENT	Γ		ADDI	7	- Ontale	ADDI-	4
	Total	AFTER AMENDMENT		PREVIOU PAID FO		EXTRA	L	RATE	TIONAL FEE	1.	RATE	TIONA	
		71	Minus	" 4/		= Ø		X \$ 25 =	1	OR	X \$ 50 =	17	7
	Independent	ENTATION OF W	Minus	<u> </u>		- Ø	L	X \$ 100 =		OR	X \$ 200 =	1 /	1
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+ \$ 180 =		OR	+ \$ 360 =	1/	1
							70	PEE	/	OR	TOTAL ADDIT.	t	1
_		(Column 1)		(Column :	2)	(Column 3)			•				1
2 -		CLAIMS REMAINING		HIGHEST MUMBER		PRESENT	Γ		ADDI-	1		ADDI-	$\{$
	Total	AFTER AMENDMENT		PREVIOUS PAID FOR		EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL	
	Total		Vinus	••	_			<b>( \$ 25 =</b>		OR	X \$ 50 =		1
	ndependent		linus	***	=		X	\$ 100 =		OR	X \$ 200 =	· ·	
_	FIRST PRESE	ENTATION OF MU	LTIPLE DEPE	NDENT CLA	IM		1	\$ 180 =		OR	+ \$ 360 =	<del>-</del>	ŀ
										OR L	TOTAL ADDIT. FEE		
								•					I
		in 1 is less than the ea											
TI TI	he "Highest Num he "Highest Numb	ber Previously Paid F ber Previously Paid F er Previously Paid Fo	or in this spa or in this spa or cross or local	CE is less than	'20', e	nder "20", ler "3",							
A PT	0-875 (Rev. 02/20	er Previously Paid Fo		powery is the l	nghest	number found in th	e app	ropriate box in	column 1.				
		NO)	0.										